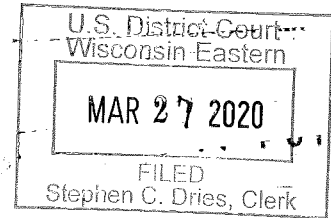


ATTACHMENT 1

COMPLAINT FORM

(for non-prisoner filers without lawyers)



IN THE UNITED STATES DISTRICT COURT
FOR THE Eastern DISTRICT OF Wisconsin

(Full name of plaintiff(s))

Anita Bentley

20-C-0503

Case Number:

vs

(Full name of defendant(s))

Home Care Assistance

CR 201901359
(to be supplied by clerk of court)

A. PARTIES

1. Plaintiff is a citizen of Wisconsin and resides at
(State)

4103 N 12th Street Milwaukee WI 53209
(Address)

(If more than one plaintiff is filing, use another piece of paper).

2. Defendant Home Care Assistance
(Name)

is (if a person or private corporation) a citizen of Wisconsin
(State, if known)

and (if a person) resides at 419 E. Slingspring Drive
(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for Home Care Assistance
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

Home Care Assistance
The Company

April 4-2019
In the work place

NOT sure of reason, I was following
there instructions

On approximately March 21, 2019 I went into the office and there was a brief open conversation surrounding my birthday with the owner of the company and several employees. They were surprised when I said that I will be 60 yrs. old next month. Approximately, 2 weeks later I was terminated from the company.

On or around Jan. 2019 Patty Cohen was showing their new building a question was raised by her concerning a client name Paul Meyer, I was assigned to and she posed the question has he ever used the word Negro or Nigger with me? I said yes and she said how do you feel about it, I said I don't like it but I have to eat. She followed up with her hand endearing over her heart, by stating we protect our employees. We do not want anyone to feel uncomfortable for where we send them to work.

Statement of Compliant

I Anita Bentley worked for Home Care Assistance 409 E. Silver Spring Drive, Whitefish Bay, WI 53217

On April 4, 2019 I was fired from Home Care Assistance it was stated that I broke Policy and Procedure. After I was told by office to accommodate the clients' needs.

C. JURISDICTION



I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR



I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$_____.

D. RELIEF WANTED

Describe what you want the court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or stop doing something.

I would love to be compensated
for my lost of pain and suffering
wages and my character.

E. JURY DEMAND

☐ Jury Demand - I want a jury to hear my case
OR

☒ Court Trial - I want a judge to hear my case

Dated this _____ day of _____ 20____.

Respectfully Submitted,

Anta Bentley
Signature of Plaintiff

414-429-4717
Plaintiff's Telephone Number

hopewell2375@gmail.com
Plaintiff's Email Address

4103 N 12th Street
Milwaukee, WI 53209
(Mailing Address of Plaintiff)

(If more than one plaintiff, use another piece of paper).

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FILING FEE

☒ I **DO** request that I be allowed to file this complaint without paying the filing fee. I have completed a request to proceed in the district court without prepaying the fee and attached it to the complaint.

☐ I **DO NOT** request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.